

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Auto Mechanical Co
404 Wampanoag Trail
E. Providence, RI
02915

2. Article Num
(Transfer fr)

7001 0320 0003 0307 9856

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

J. Roder

- ☐ Agent
☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

9-22-05

- D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Aaron D. Krakow
 Krakow & Souris, Suite 503
 225 Friend Street
 Boston, MA 02114